



COBB COUNTY TEAM COURT RESERVATION FORM

Cobb County...Expect the Best!

(All information must be completed)

Year	Season	Leaç	gue	Location Requesting							
Please circle one:	MEN	BUSINESS WOMEN	WEEKDAY WOMEN	MIXED		BOYS		GIRLS			
Captain's Name		Phone # (h)	(b	(b)		Cell:					
E-mail			Level	Coa	ch (if any)						
Last Season's Ca	ptain		Last Season's I	Location_							
	ROSTER – to be filled out completely ◆								Residency (check only one)		
	NAME	STREET	CITY	ZIP	PHONE (h)	PHONE (w)	COBB	CITY*	OUTSIDE COBB		
Captain											
Co-Capt.						•					
3.											
4.											
5.											
6.											
7.											
8.											
9.											
10.											
11.											
12.			,								
13.											
14.											
								1			

									8/07
	ROST	ER – to be filled out com	pletely ←				Resider	cy (check	
NAME	<u> </u>	STREET	CITY	ZIP	PHONE (h)	PHONE (w)	COBB	CITY*	OUTSIDE COBB
15.									
16.		· · · · · · · · · · · · · · · · · · ·		.					
17.									
18.									
						•			
19.									
20.									
							* determine	ed if you pa	y city taxe
RELEASE AI	ND HOLD HARMLES	SS AGREEMENT - PERM	AISSION TO	PROVID	E EMERGENC	Y MEDICAL T	REATME	NT	
Realizing the nature of this program, its phy knowledge, in good health and able to partic	cipate in the program. I authorize t	the staff of the Cobb County Parks, Recr	reation and Cultura	l Affairs departm	ent to organize any requ	iired medical or first-aid			
hospital emergency room treatment. If any m	•	•	•		• •	• •			
The undersigned hereby forever releases, of County Board of Commissioners and Cobb									
demands, damages, costs, expenses, loss									
damage, loss or damages of any kind sustain	ned or that may hereafter be susta	ained arising out of the matters described	d herein or in conse	quence of the pa	articipation in the recreat	on program sponsored	by the Cobb Co	unty parks, Re	creation and
Cultural Affairs department. The undersigned This Release and Hold Harmless Agreement			er, this agreement	shall apply to all	unknown and unanticipa	ated injuries and damag	es directly or in	directly resultir	ig here-from.
_	•	•							
DATE:	BY:	Signat	ure of Participa	ant					
DATE:	BY:								
Signature of participant and parent/guardian are both re	equired it participant is under age 19, or is	registered for a program for the mentally or physic	cally challenged, or othe	er special population	member.				
In order that the departme	ent assures complianc	e with ADA (Americans	with Disabil	lities Act).	, if you have a s	pecific physica	l or servic	e accessi	bility
need, please	make the staff who w	work with the program/fac	ilities aware	so that we	e can reasonably	y accommodate	your nee	d.	
Return this form with cou	rt fees to the center i	in charge of your locatio	n:						
Fair Oaks Tennis Center,		d Ext, Marietta, GA 30008		1. Rhvne)					
Harrison Tennis Center,									
Kennworth Tennis Center,		NW, Acworth, GA 30101	(Bells Ferr						
Lost Mountain Tennis Center,		owder Springs, GA 30127		Wild Horse	Creek)				
Sweetwater Tennis Center,	2447 Clay Rd, Austo	1 0			k, Wallace)				
Terrell Mill Tennis Center,	•	Marietta, GA 30067	(Fullers, S	-	ii, ,, anace,				
FOR OFFICE USE ONLY:	Amount paid	Date		Rec. #		Init	ials		